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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and New Employees	AUG 09 2021
Name: KEITH G. FEIT	Daytime Telephon	2021 AUG 23 PM 1: 17
New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election:	Check if Amendment	OFFICE OF THE OLLER TO HOUSE OF THE OLLER (Office Use Only)
New Officer or Employee S Employing Office: S	Staff Filer Type (If Applicable): Period Covered: January 1, Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Of  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	y the reporting gh the date of filing? Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No P. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	the current calendar Yes No X
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CO	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	UST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded pendent child?	fave you excluded Yes No No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	amed" income, or liabilities of a spouse or dependent child because they meet all three tests for Committee on Ethics.	tall three tests for Yes No No

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: KETHG. FEIT

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	Home S		FRS 2040		Examples:	T=	For bank and other cash account in all interest-bearing accounts \$5,000, list every financial inst more than \$1,000 in interest-be for rental and other real investment, provide a condescription, e.g., Tental properties.  For an ownership interest business that is not publicly traditional resident business that is not publicly traditional resident business that is not publicly traditional resident business and vacation in Block A. Exclude: Your personal resident borness and vacation in resourch of financial inderestin, or incomes (ur income during the reporting financial inderestin, or income for you report a privately-frad Excepted Investment Fund, pideox.  If you so choose, you may indiffuce the choose, you read in the control of income source is that of you dependent child (DC), or joint (JT), in the optional column on or a detailed discussion requirements, please refer to the	all IRAs and c (k) plans) provide he account that a	identify (a) each asset held for production of income and with a succeding \$1,000 at the end of the and (b) any other reportable as income which generated more unesmed income during the year.  Provide complete names of stocks (do not use only ficker symbols).	Assets and	
	Sale	Fund	o Patirement	ABC Hedge Fund X	Simon & Schuster	Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$50,000, its tevery financial inathithon where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a compete address or description, e.g., 'rental property,' and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Excelle: Your personal residence, including second tomes and variation homes (unless there was rental income during the reporting period); and any financial inflavestin, including the Thrift Savings Plan.  If you report a privately-traded fund that is an excepted investment program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the ecount that exceeds the reporting thresholds.	for investment or a fair market value he reporting period; asset or source of re than \$200 in er.	Assets and/or Income Sources	BLOCK A
					+	-	None >- \$1-\$1,000	_	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the srethod used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  "Column M is for assets held by your spouse or dependent child in which you have no interest.		
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							Spouse*DC Income over \$1,000,000*		assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other its indicate the category of income by checking the appropriate box below. Divisiends, interest, and its ligatins, even if reinvested, must be disclosed as income for assets held in taxable accounts, ck. "None" if no income was earned or generated.  Lumn XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	Ş
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### SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)  ABC Trade Association, Baltimore, MD (July 15)	Type	o Filling	Amount Preceding Year
Examples: State of Maryland Colvil War Roundtable (Oct. 2) Ontario County Board of Education	Salary Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$76,000 \$1,000 N/A
FLORIDA ATLANTIC UNIVERSITY	SALARY	Ø	15.915,04
THE WEISS SCHOOL	SALARY	26,653.86	37,008.49
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#### SCHEDULE D - LIABILITIES

Name: KEITH G. FEIT

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exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence.

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			None	First Bank of Wilmington, DE	Creditor		
				5/19	Liability incurred MO/YR	)	
			MARINE	Mortgage on Rental Property, Dover, DE	Type of Liability		
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#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		None	Position
			Name of Organization

#### SCHEDULE F - AGREEMENTS

tor arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: KEITH G. FEN
artod of government service;	Page 6 of 6

employer.	continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an e	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a le
	an the U.S. government; or continuing	ent that you have with respect to: futu
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	imployee welfare or benefit plan maintained by a former	a leave of absence during the period of government service;

Date	Parties to Agreement	Terms of Agreement
	NONE	
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# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, pertnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
NONE	